

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/403861**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		(1)		1			54						
5		2		1			55						
6		2		1			56						
7		(1)		1			57						
8		(1)		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12		(1)		1			62						
13		(1)		1			63						
14		(1)		1			64						
15		(1)		1			65						
16		(1)		1			66						
17		(1)		2			67						
18		(1)		2			68						
19		(1)		2			69						
20		(1)		2			70						
21		(1)		1			71						
22		(1)		1			72						
23		(1)		1			73						
24		(1)		1			74						
25		(1)		1			75						
26		(1)		1			76						
27		(1)		1			77						
28		(1)		1			78						
29	1		1				79						
30	1		1				80						
31		(1)					81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	31		31				TOTAL DEP.						
TOTAL CLAIMS	34		34				TOTAL CLAIMS						